



# THE RUDDER

*Sailings of the Medical Service Corps*



## From the MSC Director



**H**appy 70th Birthday fellow Medical Service Corps Officers! I wanted to take a moment to wish all of you a happy birthday and to thank you for your outstanding contributions to Navy Medicine.

In September of 1945, a prospectus was written by LT M.C. Shelesnyak expressing the need for a Medical Scientist Corps within the structure of the Navy for the express purpose of conducting research; as changes were inherent. Thomas Jefferson once said that "laws and institutions must go hand in hand with the progress of the human mind. As the mind becomes more developed, more enlightened, and as new discoveries are made, new truths discovered and manners and opinions change, with the change of circumstances, institutions must advance also to keep pace with the times". As it goes, Navy Medicine was advancing to keep up with the innovations of the times and the Medical Scientist Corps quickly evolved into the Medical Service Corps which included scientists, administrators, and clinicians.

*Laws and institutions must go hand in hand  
with the progress of the human mind.*

-Thomas Jefferson

The advancement of our Corps is continuous and progressive, to keep pace with the changing world around us. The prospectus also included information about our Corps device, affectionately known as "the Twig". It stated that "the Corps device shall be distinctive and worn by all personnel of the Corps. It shall consist of a modification of the oak leaf and acorn of the Medical Corps. The modification shall be a small gold bar, attached to the base of the oak leaf, centered at right angles to the stem".

As our Medical Service Corps develops with the tides of change, our device and the values of our officers do not. We continue to hold true to our tenets of excellence, integrity, and heritage. As a final note, I encourage each of you to participate in your local MSC birthday festivities. We are a great organization; stronger now than ever before. It is necessary that we take time to reflect on the history of who we are and where we've been.

On August 4, 2017 we celebrate our 70th birthday. As we move towards the future, we will honor our heritage, commit to excellence, and lead with integrity as we sail beyond the shore to new horizons!

RDML Anne Swap

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## *In Memoriam*

### *CAPT Cheryl Ringer, MSC, USN*

*April 22, 1965 - July 7, 2017*



It is with a heavy heart that we share the news that our beloved shipmate, CAPT Cheryl Ringer passed away on July 7, 2017.

If you had the opportunity to meet Cheryl, or serve alongside her, you are truly blessed. Cheryl wore a smile upon a smile, and you could generally hear her before you can see her. She had a laugh which was unique and contagious. It was a bellowing chuckle which developed into a crescendo of mouth open, eyes watering and belly laughing. You couldn't help but feel good witnessing her candor and charm.

Cheryl is described as a sharp, assertive, naval leader with over 22 years of medical, operational, and administrative skills affecting visionary and strategic execution. She is recognized as a passionate leader in building transformation through collaborative visions and genuine engagement of others. Her excellent written and oral communication skills were recently demonstrated in a U.S. Navy article released on June 30, 2017 about driving a culture of High Reliability through continuous process improvement. [http://www.navy.mil/submit/display.asp?story\\_id=101291](http://www.navy.mil/submit/display.asp?story_id=101291)

CAPT Ringer graduated from Thiel College, Greenville, Pennsylvania, with a Bachelor of Science degree in Pre-med/Medical Technology in 1989. While practicing as a Medical Technologist, she pursued a Master of Business Administration in Health Care Management, receiving her degree from Century University in 1993.

In 1994, she received her initial military commission from the United States Air Force, serving as the Director of Laboratory Services at Vandenberg Air Force Base, California and Aide to the Installation Commander at Little Rock Air Force Base, Arkansas.

While on active duty in the Air Force, CAPT Ringer pursued a Doctoral Degree in Healthcare Administration and received her Ph.D. in 1997 from Century University.

From 1997 to 2000, she served as Director of Pima County Home Health, Chief Executive Officer for Tucson General Hospital and as a healthcare consultant to Pima County Health Systems in Tucson, Arizona.

In June 2000, she received her Navy commission and was assigned to Portsmouth Naval Medical Center, where she served as Product Line Leader, Managed Care Operations. In November 2003, CAPT Ringer received orders to the USS SAIPAN (LHA-2), where she served as the Medical Administrative Officer and interim Department Head. In July 2005, she executed orders to Naval Personnel Command to serve as a Medical Placement Officer for the West Coast of the United States and all operational billets.

From January 2007 to May 2008, she served as the Executive Assistant to the commander Navy Medicine West and Naval Medical Center San Diego and then deployed aboard the USNS MERCY as the Deputy Director of medical operations in support of Pacific Partnership 2008. Upon her return from deployment, she served as the Department



## *In Memoriam*

### *CAPT Cheryl Ringer, MSC, USN*

*April 22, 1965 - July 7, 2017*

Continued from previous page...

Head for Naval Medical Center San Diego Branch Medical Clinics Clairemont Mesa, Chula Vista and East County from October 2008 to August 2010.

She then volunteered and was selected for the Director for Administration position for a 14-month Individual Augmentee assignment to the United Kingdom NATO Role III hospital Bastion, in the Helmand Province of Afghanistan. Immediately upon return to CONUS, she PCS'd to Washington, DC in 2012 to be Chief of Policy at the Joint Task Force CapMed Headquarters in Bethesda, Maryland, and was further selected as the lead for the BUMED Strategic Healthcare Planning Team, where she finalized the CONUS Hospital study encompassing nine (9) MTFs across the Navy Enterprise.



In February 2015, she was selected to conceptualize a formal Continuous Process Improvement Office at Navy Medicine West, where she worked until her passing. CAPT Ringer is a credentialed member and diplomate of the American Academy of Medical Administrators, served as the Academy's credentialing board chair, achieved Lean Six Sigma Green Belt, and Project Management Professional and is certified with the American Society of Clinical Pathologists and National Institute of Drugs of Abuse Testing.

Her military awards include the Defense Meritorious Service Medal (1), Meritorious Service (1), Navy Commendation Medal (6), Navy-Marine Corps Achievement Medal (2), Air Force Achievement Medal, Army Unit Commendation Medal, Meritorious Unit Commendation, National Defense Service Medal, Afghanistan Campaign Medal, Global War on Terrorism Medal, Armed Forces Service Medal, Navy Sea Service Medal and the Expert Marksman Medal.

Cheryl is survived by her wife, Andrea Lapinski, in San Diego, California.



## From the Corps Chief's Office

### Medical Service Corps 70th Birthday!

#### ***“70 Years of Excellence: Beyond the Shore to New Horizons”***

Medical Service Corps Association Leaders,

In celebration of the Medical Service Corps' 70<sup>th</sup> birthday on August 4, 2017, please plan your birthday ball celebrations, events, and festivities around our theme:

**“70 Years of Excellence: Beyond the Shore to New Horizons”**

Take a moment to think of all the ways the Medical Service Corps has evolved over the last 70 years with radical and innovative practices, and incorporate them into your activities and speeches.

The Medical Service Corps is the most diverse Corps in the Navy with over 2,700 highly trained and specialized officers serving in 31 subspecialties. We continue to develop the best leaders, who deliver the best ever performance, turning vision into action at every opportunity.

***On this our 70th birthday, we will honor our heritage, commit to excellence, and lead with integrity as we sail beyond the shore to new horizons!***





## Customs and Heritage

A good pictorial reminder of Dr. Seuss', "Oh the Places You'll Go!"

Pictured below (from left to right) are: CAPT Kathleen Morrison, MSC, USN Retired, CAPT Bob Fry, Assistant Deputy Chief, BUMED M7, RDML Anne Swap, Medical Service Corps Director, and CAPT Dave Wynkoop, MSC, USN Retired. In 1996-1997, they worked in the Office of the Medical Service Corps for the 13th Director, RDML Ed Phillips. CAPT Morrison was the MSC Deputy Director and retired in 2001 as the Commanding Officer (CO) of Naval Health Clinic Annapolis (NHCA). CAPT Wynkoop was the MSC Career Planner and retired in 2001 as the CO of Naval School of Health Sciences Bethesda. LT Swap was the Executive Assistant and LT Fry was the Assistant for Policy Practice and Marketing.

They were recently reunited for the NHCA Ribbon Cutting Ceremony. The photo serves as a reminder that your career is about the journey and the relationships you make along the way. Enjoy your adventures and the ships you experience along the way...especially leadership, mentorship and friendships!



# Customs and Heritage

As I reflect back on the significant changes that I have noticed over the last 30 years a few thoughts come to mind. First, the depth and breadth of knowledge we see in our MSC Officers is second to none. Regardless of our individual specialties, over the years the continuous growth of knowledge is remarkable. Second, and related to the first observation, is our dedication to lifelong learning. Over the years, our Corps Chiefs have asked us to ensure that we remain leaders in our various organizations and the growth in professional development has enabled us to be leaders in our fields, civilian and military alike. Third, the vast expanse of technology and automation has been amazing. When I was first commissioned we did not have email and we relied on paper records. Our ability leverage technology over the years has enabled us to dramatically increase the quality and reliability of care we can deliver. Last, the flexibility and adaptability demonstrated as we filled IA assignments is a testament to our Corps. Many of the IA assignments were far beyond our area of expertise and outside of our comfort zones. That did not stop us from answering the bell, taking care of our patients worldwide and ensuring mission success.

It has been an absolute honor and privilege to be a part of our Medical Service Corps for the past 30 years and I wish all of my Shipmates a Happy 70<sup>th</sup> Anniversary and know that the Corps is great hands to serve our Navy and the United States of America for another 70 years.

**CAPT John W. Le Favour PhD, FACHE**

Share your photos, sea stories, and BZs to **THE RUDDER**

Submit them to: *MSC Corps Chief's Office*

## Recent Messages of Interest

[159/17 PERMANENT CHANGE OF STATION ORDERS LETTER OF INTENT](#)

[156/17 COMPLIANCE WITH TRAVEL REQUIREMENTS](#)

[151/17 DISCONTINUATION OF CAREER STATUS BONUS](#)

[149/17 ACTIVE-DUTY PROMOTIONS TO THE PERMANENT GRADES OF CAPTAIN, COMMANDER, LIEUTENANT COMMANDER, LIEUTENANT, AND CHIEF WARRANT OFFICERS IN THE LINE AND STAFF CORPS JULY](#)

[144/17 SELECTIVE REENLISTMENT BONUS UPDATE](#)

[143/17 MODIFICATIONS TO ENLISTED HIGH YEAR TENURE FOR ACTIVE AND FULL TIME SUPPORT PERSONNEL](#)

[141/17 PHYSICAL READINESS PROGRAM POLICY CHANGES](#)

[133/17 NOTIFICATION OF AVAILABILITY OF THE BLENDED RETIREMENT SYSTEM OPT-IN COMPARISON CALCULATOR](#)

### Medical Service Corps Facebook Closed Group

If you would like to join, please go to <https://www.facebook.com/groups/usnavymsc>

### Newsletter Submissions

Pictures, stories, and any other input can be submitted by forwarding to:

[usn.ncr.bumedfchva.lis@t.msc-corps-chiefs-office@mail.mil](mailto:usn.ncr.bumedfchva.lis@t.msc-corps-chiefs-office@mail.mil)

For pictures, please include location, rank, first and last name, subspecialty, and a short caption.

When making submissions, please ensure photos have been approved by your local Public Affairs Officer prior to submission.

### Newsletter Editor

LCDR V. Deguzman

### Newsletter Staff

LCDR E. Polonsky

LT L. Brown

LT T. D'Alesandro

## Reserve Update

### Providing Funeral Honors to our Veteran Sailors, *a Reserve Officer's Experience*

LCDR S. Castle

OHSU Portsmouth Det-N and CAI NR NECC AUG, Little Creek

Everyday across our country, US military veterans are quietly laid to rest to the sound of taps played by bugle and methodical folding of a US flag. This service is provided by US service members volunteering to serve on Funeral Honors Details (FHD). Public Law 106-65 requires that every eligible veteran, upon request, receive a military funeral honors ceremony that includes at minimum of folding and presenting a US burial flag and the playing of Taps by bugle. A FHD must be comprised of at least two members in formal dress uniforms. To receive, a veteran must meet one of the following eligibility requirements:

- Military members on active duty or in the Selected Reserve.
- Former military members who served on active duty and departed under conditions other than dishonorable.
- Former military members who completed at least one term of enlistment or period of initial obligated service in the Selected Reserve and departed under conditions other than dishonorable.
- Former military members discharged from the Selected Reserve due to a disability incurred or aggravated in the line of duty.

The senior officer will in most funerals, be the one to present the flag to the next of kin. The second member of the FHD will play the bugle and then proceed to fold the flag. When three are present, these roles are split. Requests for FHD are generally made from the funeral directors to local NOSC where an assigned coordinator works to fill the request from pool of available trained service members. FHD training requires a minimum of three under supervision details. Attention to detail is critical as the FHD 'has only one chance to do it right'.

Not long ago, I answered a call of reserve service members to support our Navy veterans' growing need for providing military funeral honor services. Since I was a child, I was always impressed by this deeply emotional century's old tradition of hearing Taps played and watching the ceremonial folding of a burial flag. Given this opportunity, I was honored to support this final act of kindness and respect we can provide to those who have served before us and for their families.

Since, I have served large scale services for public officials that included coordination with fire, police, and government leaders under an enormous US flag flying from hook-and-ladder fire trucks. Then, I have also provided FHD in rural communities during a holiday with a small family of a few people at a private grave area behind a home. We perform these services in snow, rain, and summer heat. What is consistent, is the deeply emotional experience during the ceremony, the only sound are the tears. Often families will record our full ceremony and frequently following, approach us to extend their sincere and deep appreciation. For our part, we maintain a high level of professional military bearing.

FHD is not a service defined within the job description of an MSC, but is an opportunity we all have to honor a tradition and give back to those who lead before us. If you are interested in learning more, contact your NOSC FHD Coordinator. For me, it has simply made for a fuller Navy career and deeper personal experience. After experiencing this service, I hope it will bring greater awareness to those who are eligible and draw more to volunteer.



*LCDR Castle has served 18 years in our Navy, originally prior service FMF Corpsman to US Marine Corps where he wore Marine Reg's and was an MCIWS swimmer. After a break in service to establish his education, career, and family, LCDR Castle reentered service as a MSC/HCA officer assigned to 4th MEDLOG and then NECC in Little Creek VA where he is currently cross-assigned as POMI officer. His prior civilian career has focused within oncology where he is a licensed Radiation Therapist, past university professor, and hospital administrator. For the past 5 years, LCDR Castle has served in leadership roles with Varian Medical Systems, the world's largest oncology vendor. His achievements include a US Patent for medical device to treat brain tumors, NSF STAR grant recipient, Virginia Health Innovator Award, partner developer of an international distributed software solution for managing cancer survivorship, and numerous publications. He lives with his family in Richmond, VA.*



# Stepping Stones

By: CDR Eric Welsh

After earning a doctorate in Polymer Science and Engineering, I worked as a post-doctoral fellow at the Naval Research Laboratory (NRL) in Washington, D.C. Because of a fortuitous meeting with a Medical Service Corps officer and longstanding desires to serve the country, I was commissioned in 2000 as a Biochemist. Unlike many others who do so, I left my job one day and returned from Officer Indoctrination School some six weeks later to the same position. Other than during infrequent Wardroom meetings or events directly associated with 9/11, I rarely saw other officers. There were only a handful of science officers at NRL and I often sought advice from line officers, mostly pilots, with whom I briefly interacted during PRTs and duty turnover. During one such interaction, I questioned how one pilot had obtained such a large rack of ribbons. His answer was one that resonated with me then and since, "It's not about you!" However, at NRL career management was largely up to me and I spent hours reading MILPERSMAN articles and other regulations I found online and even made the mistake of printing the voluminous uniform regulations!

In late 2002, just as research projects at NRL were starting to yield results, I received a call that I was to report to the Naval Academy to teach Chemistry. The excitement I felt was tempered by the fact that I had never actually taught in a classroom. To add to my anxiety, I started in January of 2003, half-way into an academic year teaching Plebe (Freshman) Chemistry, which I hadn't taken in 15 years! In spite of almost throwing up in a

garbage can while walking to my first lecture, I found teaching to be very enjoyable and very rewarding. In addition to teaching various subjects, I was also asked to be a course coordinator, leading the 31 or so professors teaching the Plebe course. Outside the classroom, I became qualified as an AOIC and OIC of a sailing vessel, and sailed to Newport, RI and around the Chesapeake Bay with midshipmen for two memorable summers. I also served as the officer representative to the varsity cross country team and had many opportunities to mentor the midshipmen. I was humbled to be nominated by my peers for two teaching awards and to

be recognized as the Military Professor of the Year for the academic year 2004-2005. It was a busy tour full of many firsts!

Against my desires, I reported to the Navy Drug Screening Laboratory Great Lakes (NDSL-GL) to test pee. At least that's what I thought. I quickly realized that a tour at a drug lab had less to do with bodily fluids and more to do with learning to manage people and resources in a fast-paced, zero-defect environment; none of which blended seamlessly! The CO tasked me with getting up to speed and becoming expert at lab operations as fast as possible. This required becoming trained and certified to do every task in the lab in just five months! Within days of completing my final certification, I was appointed as the Executive Officer and a whole new set of competencies was needed. With only two officers onboard, I also took on a dozen collateral duties, including having the dubious honor of being senior watch officer and the only JO to stand watch! At least making the watch bill was fairly easy. Just seven months later, I served for the summer as the acting CO, awaiting the delayed arrival of the CO, an Army lieutenant colonel. This was a tremendous time of learning, but it was exciting and I enjoyed both the people and the pace of the work, even with the challenges they often represented.

With the prospects of a new lab facility on the horizon and due to my role in the same, I was asked to stay on as the CO of NDSL-GL. This was another three years of tremendous learning! In spite of facility challenges and personnel shortages, we took on additional workload and initiatives to benefit the rest of the drug testing enterprise. Best of all, the first ever MILCON project for a drug screening lab was approved and I had the honor of being the deciding and reviewing official on the design. That building was constructed and dedicated three years after I left. In six years at NDSL-GL, I experienced the consequences of nearly every human interaction, except a homicide, and was privileged to lead a team of dedicated experts who excelled in trying conditions. I loved every minute of it!

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# Stepping Stones

By: CDR Eric Welsh

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After 12 years of service and having been an XO and CO, the next increase in responsibility came while serving in my current position as the Director for Laboratory Services at the Navy and Marine Corps Public Health Center (NMCPHC). That role has oversight of the Navy Drug Screening Laboratories and the Navy Bloodborne Infection Management Center, an enterprise encompassing four activities, 250 personnel and an annual budget approaching \$35M. This is an enterprise with no tolerance for error and a high production rate, a combination that results in frequent challenges and demands high quality assurance and oversight. I also served as the senior military member on an IG-like, assist visit team that inspected each of the 10 commands that are subordinate to NMCPHC. This took me from Hawaii to Spain and was an excellent opportunity to see the global, multi-faceted mission of the public health enterprise and to review policies and procedures required for running naval commands.

In spite of a career where I had been entrusted with a great deal and had always tried to “bloom where planted,” “be the best version of myself,” and not make it “about me,” April 27, 2016 was a day I will not soon forget. The results from the Staff O-6 board were released, just as I was going to lunch. In spite of having bloomed, as evidenced by a binder of FITREPs full of EP recommendations and other glowing soft break-outs, and the adulation of peers and leaders at each duty station, I was not on the list! For many sleepless nights and angry days, I asked, “What had I done wrong? How had I failed? Why did others get selected? Had they done as much as I? Should I get out of the Navy and go where I’ll be appreciated?” As the Biochemistry Specialty Leader, I even asked our kind detailer to remove the “F6” (denoting Failure of Selection 2016) by my name from the monthly slates to not have to see the painful reminder. Months went by and I decided to do the only thing I knew how, work harder! After all, I enjoyed my duties and the people with whom I worked, and felt like I was making a difference.

ence.

With the announced closure of NDSL San Diego, I was given the opportunity to get my mind off of me and to consider the scope of that project and all those affected by it. During that effort, I was able to work directly with leaders throughout Navy Medicine and was honored and humbled to be entrusted to manage such a large project and all the associated challenges. I was back in the “mosh-pit” of learning, adapting, and making a difference and again loved my job. Before I knew it, it was board time again and I was fortunate enough to be selected. I’m not going to say it was an easy year. It wasn’t. But, I’ve learned a valuable lesson: promotion is not a reward, rather an expectation. By that I mean, promotion is based on prior performance for sure, but is not compensation for it. That happens along the way in the form of a paycheck and through enriching interactions, experiences, and lessons. However, with rank advancement comes a new expectation that one will perform at a commensurate and higher level. Where much is given, much is expected! With that in mind, I head off on another adventure to serve as the Director, Drug Testing and Program Policy in the Office of the Undersecretary of Defense for Personnel and Readiness. The music is raging and the mosh pit is warming up...



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the MSC!

## From the Detailers

### Additional Qualification Designations (AQDs)

- ♦ Reference: Manual of Navy Officer Manpower and Personnel Classifications Volume I, Major Code Structures NAVPERS 1589I, April 2017, Part D and can be viewed at:

<http://www.public.navy.mil/bupers-npc/reference/noc/NOOCSVOL1/Pages/default.aspx>

- ♦ Detailers award most AQDs. The officer requesting the AQD must provide the detailer the three character code, along with all documentation needed to qualify for the AQD.

There are some AQDs that are not awarded by your detailer. These include:

- ⇒ Joint Service AQDs, including Joint Professional Military Education, are managed by Joint Matters (PERS-45J):

<http://www.public.navy.mil/bupers-npc/officer/Detailing/jointofficer/Pages/default.aspx>

- ⇒ Executive Medicine (67A) and Managed Care Coordinator (67G) are awarded by the detailer upon notification from NMETC that all competencies of the Joint Medical Executive Skills Development Program have been met. POC is Mr. Clinton Garrett at: [clinton.a.garrett.civ@mail.mil](mailto:clinton.a.garrett.civ@mail.mil)

- ⇒ Global Health Specialist (68M) is awarded by the detailer upon notification from BUMED Office of Global Health Engagement that all requirements have been met. POC is CAPT Carlos D. Williams at: [carlos.d.williams.mil@mail.mil](mailto:carlos.d.williams.mil@mail.mil)

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#### NEW HCA DETAILER

PERS-4415 welcomes CDR Rona Green who is coming to us after completing a DFA tour at Naval Hospital Camp Pendleton. She is in the process of turnover with CDR Robert Anderson. Her phone number will be 901-874-4120 and her email address will be distributed once an account is established. CDR Anderson is transferring 01 July to Naval Medical Center Camp Lejeune where he will report as the DFA. We wish him and his family well!

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#### MSC Detailers

CAPT Jody Dreyer (Senior MSC Detailer/HCC/Med Techs)  
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CDR Rona Green (HCA)  
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LCDR Chuck Wilhite (HCS/PAs)  
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# Specialty Spotlight: Microbiology

Navy Microbiologists are responsible for identifying, implementing, managing and leading medical research, development, testing, and evaluation priorities for infectious diseases of military relevance in support of force health protection and broader operational objectives. With 25% of our officers assigned to Outside Continental United States (OCONUS) assets, they directly support the strategic objectives of DoD, Department of State (DoS), and U.S. Government to develop cooperative relationships and scientific biological engagement in Africa, the Middle East, South America, Central, and Southeast Asia. In addition, they build and reinforce critical relationships between DoD and host country militaries and civilian health authorities while conducting medical research that protects the health of U.S. Forces deployed OCONUS.

Navy Microbiology is a diverse and globally-distributed community that serves at the forefront of Global Health, Strategic Cooperation, Biosurveillance initiatives, Medical Research and Development, Operational Biological Defense, and Force Health Protection. With greater than 90% of our community holding Ph.Ds, Navy Microbiologists are leaders within their respective fields, and are mission-critical for ensuring that innovation and scientific efforts across our mission space meet the needs of Navy Medicine, the Line, and DoD.

Approximately 66% of microbiologists serve directly within Navy Medicine Research and Development enterprise through either Naval Medical Research Center and the Naval Medical Research Units (Egypt, Singapore/Cambodia, and Peru), or Naval Health Research Center. At each command, our officers are required to successfully compete for research funding through a network of DoD, USG, and non-governmental organizations in order to execute applied research on infectious diseases of military and operational significance. Alternatively, officers must compete for funding to execute biosurveillance projects for the detection and identification of emerging and re-emerging diseases. The success of mi-

crobiology research or projects is first dependent on the ability of our officer's and their team's proposals to withstand the scrutiny and selective pressures of peer/or extramural review before funding is awarded. The result of this selective pressure is a portfolio of competitively-selected research and biosurveillance projects that align with Navy/DoD requirements using a centralized DoD/Interagency/Extramural process.

Because Navy Microbiologists routinely work within or in close proximity to applied and advanced research and technology, our officers have been able to work quickly to either develop or field clinical laboratory diagnostics to support the Navy and DoD for non-routine testing at the Navy Infectious Diseases Diagnostics Lab at Naval Medical Research Center in response to recent outbreaks (Zika). This was also the case in 2014/2015 when the Navy's Mobile Ebola Detection Labs were outfitted from Naval Medical Research Center - Frederick and deployed with microbiologists to Liberia provide critical support to the Ebola outbreak (testing thousands of specimens). Within the past year, microbiologists at Navy and Marine Corps Public Health Center and at Navy Environmental Preventive Medicine Units worked on field test and evaluation, and on the small-scale deployment of next generation infectious disease detection platforms.

Some of the key contributions made recently across our community are highlighted below:

- Worldwide biosurveillance of emerging and re-emerging infectious diseases informing medical planners and assisting DoD vaccine development efforts.
- DoD/USG Ebola response (UNITED ASSISTANCE) in Liberia and follow-on capability development during FY16/FY17.
- Subject Matter Experts responsible for implementing national strategy for countering biological threats and for the U.S. Global

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## Microbiology

**Subspecialty Code = 1815**  
**Billets = Primary 44; Secondary 0**  
**End Strength = 49**  
**Reserve Billets = 0**





# Specialty Spotlight: Microbiology

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- A forward face for Navy Medicine during international mil-to-mil and mil-to-civ research and global health security collaborations in CENTCOM, PACOM, SOUTHCOM and AFRICOM AOR's.
- Leaders in Navy biological weapon detection capabilities responsible for advanced technology innovation and implementation across the Fleet and US Expeditionary Forces and allies.
- Subject Matter Experts on National Security Staff, Federal Government Interagency and DoD Senior Scientific Board initiatives to protect the nation and our deployed forces from infectious diseases of public health concern (man-made or natural).
- American Board of Medical Microbiologists (ABMM) - certified microbiologists serving as Diplomats for CAP laboratories in research and hospital commands.
- Biosafety Level -3 (BSL-3) laboratory management and safeguarding the Navy's repository of Biological Select Agents and Toxins (BSAT).
- Overseas Management of core research facilities, assets, and area-wide hub and spoke networks of field sites for disease surveillance in complex and challenging operating environments spanning numerous countries within each COCOM.
- Development of next-generation models for understanding the immunology and immunopathology of Dengue disease, and for protecting against dengue virus through vaccine efficacy studies at Naval Medical Research Center.

## Billet Types (MICRO and Outfill)\*:

- Naval Medical Research Center: 15
- Naval Medical Research Units (Egypt, Peru, Singapore/Cambodia): 12
- Armed Forces Radiobiology Research Institute: 1
- Defense Threat Reduction Agency: 1
- Military and Naval Medical Centers (Bethesda, San Diego, Portsmouth): 3

- Navy and Marine Corps Public Health Center: 1
- Navy Environmental Preventive Medicine Units (Norfolk, San Diego, Pearl Harbor): 6
- Naval Health Research Center: 1
- Naval Research Lab (Washington, DC and Stennis Space Center, MS): 3
- Bureau of Medicine and Surgery: 3
- Defense Health Agency: 1
- Duty Under Instruction/War College/Fellowship: 4
- Commanding Officers: 3
- Navy Medicine Professional Development Command: 1

\*Navy Microbiology currently has 11 officers (22%) serving outside of the community in command/ leadership positions, fellowships, or DUINS. Of our total, 32% of microbiology billets are OCONUS and 66% of microbiology billets fall within Medical Research and Development Enterprise. Approximately 16% of microbiology billets belong to Navy and Marine Corps Public Health Center and the Navy Environmental Preventive Medicine Units. We have 7% of our billets at the major MTFs and 7% belong to Naval Research Lab. Lastly, 2% (1 billet) belongs to the Armed Forces Radiobiology Research Institute and 2% (1 billet) belongs to the Defense Threat Reduction Agency. Of our billets (not including outfills), 50% are located within the National Capital Region.

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## Microbiology

**Subspecialty Code = 1815**  
**Billets = Primary 44; Secondary 0**  
**End Strength = 49**  
**Reserve Billets = 0**



# Emotional Intelligence in the Microbiology Community

By: LCDR Mike Prouty

We, as Navy microbiologists, are unique within the Medical Service Corps in that we not only serve in billets supporting Navy MTFs, Environmental and Preventive Medicine Units, and our major CONUS medical research commands, but also overseas in one of our three OCONUS Naval Medical Research Units (NAMRUs) headquartered in Lima, Peru (NAMRU-6), Cairo, Egypt (NAMRU-3) or Singapore (NAMRU-Asia). In these OCONUS commands our microbiologists are responsible for conducting infectious disease surveillance, evaluating new counter-measures to combat disease threats, and working with host nations and partners to build infrastructure to support global health activities. In addition to the day-to-day challenges presented by medical research and development, these OCONUS commands operate in field sites where the officer is often the only U.S. military presence in that location. It is in these situations that it is imperative that we, as Navy officers and microbiologists, develop the skill sets, such as described by emotional intelligence (EI), which will allow us to foster host nation relationships to successfully support our research mission.

When encountering a difficult or novel situation, our first instinct is to rely on our education and expertise; however, it is imperative that we do not ignore the required social skills, psychological maturity, and emotional awareness characterized by EI. Conducting medical surveillance programs in regions where the language, culture, and health priorities can be considerably different from our own requires Navy microbiologists to be culturally competent individuals. It is simply not enough to blindly move forward expecting the people of the host nation to accept that our work is for their benefit. Instead we must rely on our emotional intelligence to bridge the gap. To facilitate communication, we must utilize our social skills to positively engage with the citizens in order to understand their concerns and questions about the work being conducted in their country and provide them with answers that address their concerns in an appropriate manner.

We must also adapt to our audience when working with host nation partners. The conversation that we have changes significantly when speaking with medical peers in the host country as compared to members of a village. Possessing the psychological maturity to adapt to our audience ensures that we deliver the appropriate message to the right crowd. For example, in our dengue fever surveillance programs, a medical officer in the Ministry of Health would have greater interest in the disease trend

and statistical analysis of the medical surveillance data whereas a villager may be more interested in learning what methods they could implement to reduce their chance of being infected. The ability to use psychological maturity to recognize our audience and tailor our interactions to provide pertinent information is paramount. We also need to be emotionally aware and empathetic towards those with whom we interact. Providing a blood sample during a visit to the doctor is routine for most Americans, and we readily accept it as part of standard medical care; however, in many of the rural OCONUS locations, asking a villager to provide a blood sample can cause great fear and anxiety. They may not understand the purpose of the blood draw and why it is important to the study. Additionally, they may be concerned that they will be weakened by the loss of blood and unable to work and therefore not care for their family. It is important to be empathetic towards these concerns and work with the person to educate them on both the reasoning behind the blood draw as well as educate them on the risks and benefits associated with the blood draw. Ignoring their emotions in such a situation is at a minimum likely to result in that person refusing to participate in a study and in the worst case scenario may generate a lack of trust and feeling of misgivings toward the United States. By being emotionally aware of those with whom we are working, we can better address and alleviate their concerns allowing advancement of our medical mission.

As MSC officers, we all have strong skill sets in our respective specialties that we utilize every day. Through the addition of EI to our professional “toolbox”, we will become better leaders and continue to further the medical mission of the Navy. The tools of emotional intelligence allow us to understand, adapt and interact in all situations we may encounter whether those be our dealings with coworkers, interacting with our patients, or working with host nation counterparts. By understanding and implementing EI principles, we become even greater representatives of the Navy and the United States Government.

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# Leader to Leader: Resources for Leader Growth in the Digital Age

By: CDR Leslie Kindling

As a current Aerospace/Operational Physiology (AOP) specialty leader and program manager, I spend a significant amount of time mentoring, counseling, and coaching members of the Navy Medicine community. To ensure I provide the best possible guidance, I look for opportunities to grow as a leader. In the April issue of The Rudder, RDML Swap presented a challenge for reflection on our leadership:

Each of you lead someone, in some capacity, every day. Your span of influence with whom you serve has a direct impact on their attitude and performance. So, what defines your leadership style? Do you have a leadership style? Have you spent time evaluating what works, and what doesn't work, for you? If not, I challenge to do so. Your leadership is essential in shaping the future of the Military Health System, Navy Medicine and the Medical Service Corps.

This got me thinking about not just my leadership style, but how I came to learn about leadership, mentoring, and coaching. Having spent much of my career in an instructor role, I have often engaged in thought exercises about how we learn and come to know what we know. In the current exercise, I found a vast array of sources from which my leadership learning has been accomplished and continues to occur. I have received some excellent coaching from my youth soccer days to my collegiate track & field days. These coaches taught me lessons that went well beyond the sports arena. I have also been the very fortunate recipient of some great mentoring—both of the traditional type and of the reverse mentorship/mentoring-up style.

Supplementing what I have learned from observation and the direct teachings of coaches, mentors and leaders, I have had some great books recommended to me from juniors (“Thanks for the Feedback” and “The Generals”), peers (“Turn the Ship Around” and “The Code of the Samurai”), and seniors (“Grey Eminence” and “The High Velocity Edge.”) The CNO’s and Commandant’s reading lists have also provided many of the books in my bibliography. Colleagues also recommended podcasts and blogs, which resulted in the further expansion of my knowledge base.

To aid you in your efforts to meet RDML Swap’s challenge I offer the following resources.

From “**The Military Leader**”:

*The Bee, the Brain, & the Bully* (<http://www.themilitaryleader.com/bee-brain-bully/>)—are you buzzing around at warp speed, thinking deeply and giving wise counsel, are you accomplishing the mission at any cost, or some combination of these?

*10 Ways to Start a Conversation About Leadership* (<http://www.themilitaryleader.com/start-conversation-leadership>)—start embedding leadership topics and discussions in your daily interactions.

From the “**Strategy Bridge**”:

*Reflections on Tailoring #Leadership for a Perfect Fit* (<https://thestrategybridge.org/the-bridge/2016/8/12/reflections-on-tailoring-leadership-for-a-perfect-fit>)—know your leadership strengths and weaknesses. Work to improve on the weaknesses over time, while mitigating them in the near term.

From “**From the Green Notebook**”:

*The Art of Giving Negative Feedback* (<https://fromthegreennotebook.com/2015/11/05/the-art-of-giving-negative-feedback>)—this may be the toughest thing we have to do, but are rarely shown how. The negative consequences of failing to give timely, negative feedback in a way in which it can be accepted and acted upon cannot be understated.

*Mentorship: A Strategic Imperative* (<https://fromthegreennotebook.com/2016/12/21/mentorship-a-strategic-imperative/>)—“Mentorship isn’t easy, but the return on investment is absolutely crucial to the long-term health of our profession.” There is no such thing as a “born leader,” we must mentor in order to develop the next generation of leaders.

From “**The Leaders Huddle podcast**”:

In Episode EP0B2, military writers participate in a roundtable discussion on leadership in the digital age. (<https://platoonleader.net/bonus-episode-ep0b2-leadership-in-a-digital-age-a-roundtable-discussion/>)

From “**The True Performance Show**” podcast:

Show #397 has Simon Sinek discussing how to actually, authentically lead (<https://www.ziglar.com/show/authenticallylead/>).

In closing, I offer up my support to you. I love to talk about these topics and can be reached at (703) 681-9284, DSN 761-9284, and [leslie.a.kindling.mil@mail.mil](mailto:leslie.a.kindling.mil@mail.mil).



# Never Let the 'E' Replace the 'P' in Mentorship

By: LCDR Janette Arencibia

The Navy E-Mentorship program has numerable beneficiaries including LT Raymond Posey who was recently interviewed at the annual Plans, Operations and Medical Intelligence Symposium in June, 2018. The following is a transcript of the interview regarding utilization and ease of administration of the E-Mentorship Program:

**LCDR Arencibia:** What was your initial impression of the E-Mentorship Program?

**LT Posey:** My first impression was that the "e" had the potential to make mentorship impersonal. Having a mentor available online might pose relationship ease but takes away potentially from the very personable relationship that an ideal mentor/mentee relationship is supposed to be.

**LCDR Arencibia:** Interesting; and have you logged into the e-mentorship page on MilSuite? If so, how often do you log in?

**LT Posey:** Yes, I have logged onto the MilSuite site however I find that because I log in on a quarterly basis, seems I have to familiarize myself with the navigational procedures.

**LCDR Arencibia:** What recommendations regarding MilSuite do you have for users interested in becoming mentors or mentees? What's working and how can we make improvements?

**LT Posey:** There is a great opportunity here to ask individuals who are existing mentors to post their profile. In addition to the current mentoring relationship, the availability of mentors and peers not currently on MilSuite may benefit others. I'd also recommend that mentors continue to reach out in more personable ways to augment a professional relationship in addition to utilizing MilSuite. I don't feel there should be anything that replaces the personalization of an e-mail or phone call. Mentorship techniques vary depending on the individuals. MilSuite should be utilized to launch a more personal mentor/mentee relationship.

In all, LT Posey concurs there are great advantages to the use of MilSuite to foster and even initiate mentor/mentee relationships but feels that the 'E' in E-Mentorship should never replace the 'P' in People Mentorship.

Education & Training Management  
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Medical Logistics  
Operations Analysis  
Patient Administration  
Plans, Operations & Medical Intelligence  
Health Facility Planning and Project Officer



Health Care Information Systems  
Biochemistry/Toxicology  
Occupational Therapy  
Manpower/Personnel  
Clinical Psychology  
Industrial Hygiene  
Entomology  
Audiology  
Dietetics  
Optometry  
Social Work  
Research Psychology  
Aerospace Physiology  
Health Care Administration  
Aerospace Experimental Psychology

## An Interview with a Mentoring Expert

By: LCDR Leedjia Svec

Being a mentor can be a rewarding experience for both the mentee and mentor as well as benefiting the military and its mission. As a mentor you are helping shape the next generation of Naval Officers that are advancing our nation and the world. As a mentee, you can benefit from the wisdom of others. The Navy's MSC e-mentor working group strives to provide military members with greater opportunities and resources for mentorship. One resource is Mentoring Standard, a global organization which strives to improve the world of professional mentoring via standardization, data, accreditation, and certification. Katy Dickinson, founder of Mentoring Standard, recently sat down with e-mentorship working group member LCDR Svec to provide tips and suggestions on mentoring.

LCDR Svec: What is your definition of mentorship?

Katy Dickinson: Mentorship is a personal relationship in a professional setting. In this process, two individuals walk together. This is in contrast to

coaching, where there is a student and teacher relationship. In mentorship, there is more time to figure out and develop areas of personal growth.

LCDR Svec: How does one choose a mentor?

Katy Dickinson: That depends on what you need to know! Mentors help you to develop. You want to pick someone you admire personally or professionally. Mentors must provide three things, they listen, they make introductions, and they make recommendations. They do not give you the answers to your problems. These things are based upon your learning goals which you establish in the beginning of your mentoring relationship.

LCDR Svec: What makes for a successful mentorship experience?

Katy Dickinson: Mentors should be compartmentalized, organized, and take care not to internalize the mentees issues. They are there to help you get further, faster. Mentees must be open to asking the



Mentoring expert Katy Dickinson, (left) is interviewed by LCDR Svec (right), on mentoring best practices. Photo by LCDR Kerri Williams, 5/19/17

# An Interview with a Mentoring Expert

By: LCDR Leedjia Svec

Continued from previous page...

hard questions and realizing that they are sometimes in their own way, a mentor can help point that out. Learning goals are very constructive in providing a structure to work from; enabling the mentor to offer their thoughts in area they are competent while the mentee can make measurable progress in area of need. Additionally, when the supervisors support the relationship and check in with the mentee and mentor, the relationship is more successful.

LCDR Svec: Does mentoring have to be in person to be successful?

Katy Dickinson: No! There are many ways that mentoring can be engaged remotely. Tweeting, texting, desktop remote views, electronic communication, the key is engagement, in whatever form is available. A 2009 technical report examined mentorship satisfaction and found that differences in gender, geography, and other external factors were irrelevant. What mattered most was the match of topic and personality style, those are two key elements to successful mentoring.

LCDR Svec: What are the benefits of mentoring to mentors and mentees?

Katy Dickinson: For mentees, research shows greater productivity, reduced job related stress, better interpersonal relationships, and understanding their career path. For mentors, development of mentor's coaching and leadership skills and new understanding on the most effective ways to work and knowledge of their organization. Both mentor and mentee simultaneously benefit from extended pro-

fessional and personal networks. Benefits to the organization include; productivity gains, leadership and career development, diversity awareness and support, retention improvement and staff satisfaction.

LCDR Svec: Are there any other words of wisdom you have for aspiring mentors, mentees, or those who strive to support them?

Katy Dickinson: There are many resources I list on my website, from the 9 questions to ask before starting a mentoring program, to topics to help you get unstuck in a mentoring relationship that has stalled, to best practices and researched statistics! <http://www.mentoringstandard.com>

As you can see, mentorship is an important aspect to life, both personally and professionally. With the MSC e-mentor platform, resources such as mentoring standard, and a desire to support the mentoring relationship, every Sailor, no matter mentee, mentor, or manager, can contribute to a better Navy!

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to learn more about  
eMentoring!





## Public Health Center Microbiologist Receives National Award for Innovation and Excellence

By: Navy and Marine Corps Public Health Center Public Affairs



PORTSMOUTH, Va. (NNS) -- A microbiologist from the Navy and Marine Corps Public Health Center NMCPHC), was recognized as the 2017 Society of American Federal Medical Laboratory Scientists (SAFMLS) Outstanding Laboratory Manager Award, in a ceremony held at NMCPHC, June 15.

LCDR Tupur Husain, the deputy department head and microbiology component manager (MCM) for MCPHC's Expeditionary Platforms (EXPLAT) and laboratory director overseeing Navy Envi-

ronmental Preventive Medicine Unit (NEPMU) Microbiology Laboratories and Forward Deployable Preventive Medicine Unit (FDPMU) Mobile Microbiology Labs, was presented the award at the SAFMLS annual meeting and Clinical Laboratory Management Association Knowledge Lab in Nashville, Tennessee, March 26-29, 2017.

SAFMLS is a non-profit organization that was established in 1971 with the mission of maintaining and enhancing high professional standards through improved laboratory policies and technology in support of health care delivery systems of the Armed Forces, Public Health Services and Veterans Administration. The Outstanding Laboratory Manager Award is presented annually to an outstanding field grade officer who demonstrates innovation and efficiency managing personnel, financial resources and laboratory operations.

"The award spans across all services for the Department of Defense, so I am humbled to be acknowledged as this year's recipient from such a pool of competitive and accomplished peers," said Husain.

Prior to being commissioned in the Navy Medical Service Corps, Husain was a postdoctoral fellow at Yale University before working in the civilian biotechnology sector, then a senior fellow at the University of Pennsylvania.

Since becoming a commissioned officer in 2006, Husain has been able to apply his extensive expertise in the field of microbiology to design and produce premier solutions contributing to the prevention of disease among service members.

Some of his notable achievements within the U.S. Navy include leading the Navy's Plasmodium vivax malaria vaccine development program at Naval Medical Research Center and cooperative biological engagement projects in

partnership with the Defense Threat Reduction Agency while at the Naval Medical Research Unit in Egypt.

During his time at NMCPHC, Husain has supervised the management of the mobile FDPMU microbiology labs and in garrison resources for the various NEPMUs across the globe. "I was fortunate to previously serve on the FDPMU teams for NEPMUs-TWO and FIVE for their Operational Readiness Evaluations (OREs), and now at NMCPHC providing guidance for new FDPMU trainings, such as piloting the new Food Microbiology course, coordinating our participation in Influenza Diagnostics trainings and writing new infectious disease scenarios to push the limits of multidimensional thinking by our FDPMU microbiology components," said Husain. "These are just some of the many moving dynamics for extensive preparations to make sure our FDPMU microbiology components can do what they need to do so they can be where they need to be."

Innovative projects he has submitted for research and development funding include designs for a diagnostic device to rapidly identify bacterial species based on their cell membrane properties similar to the HAZMAT ID for chemical compounds; molecular "drones" to target drug resistant tuberculosis infected macrophages; and strategies to counter potential microcephaly in utero.

"We are all very proud of Dr. Husain's work and his expert knowledge. The diseases he helps prevent are the most debilitating to service members both here in the continental United States (CONUS) and deployed," said Dr. Gary C. Breeden, deputy director of Preventive Medicine and Program Manager of Entomology and Dosimetry Support Services at NMCPHC.

In addition to his professional achievements, Husain has played a significant role in the professional growth of junior laboratory personnel. Recently, as a leader in EXPLAT, Husain was a central ORE Team member in facilitating and ensuring all FDPMU team personnel received necessary technical laboratory training, in addition to guidance in operation risk management, which resulted in five successful OREs with a special focus on the superior performance of the mobile microbiology lab components.

"The SAFMLS award further emphasizes the importance and relevance of our work in EXPLAT to support and to enhance our agile and advanced mobile microbiology labs on the FDPMU teams, along with validation of the FDPMU and its microbiology component to identify infectious disease pathogens and biothreats along with course of action recommendations as a leading, mission critical capability asset for greater Department of Defense needs if called upon," said Husain.



## MSCs In Focus



Pictured from left to right: Naval Special Warfare Command Force Medical after Command PT! CAPT Peter Woodson, MC, CDR Ryan Meskimen, (POMI), CDR Jason McMillen, MSC (Physical Therapist). Got POMI?



Leesburg, VA: Financial Managers and Logisticians from around the world gathered at the Navy Business Operations Training Symposium (NMBOTS) on 22-25 May 2017 to improve business practices, strengthen working relationships, prepare for financial statement audit, and to ensure that Navy Medicine continues to provide World Class Care.



## MSCs In Focus



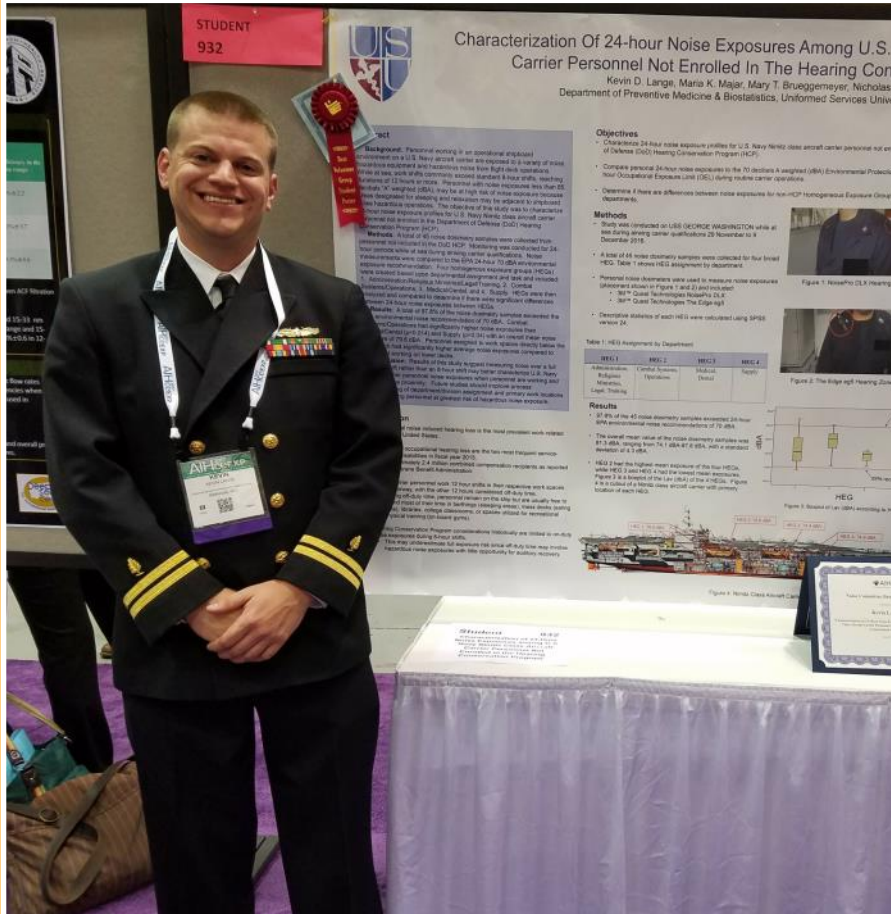
Jacksonville, FL - Navy Entomology Center of Excellence and Navy Drug Lab Jacksonville take time to enjoy paddle boarding on the St. John's River, NAS Jacksonville. Back row (L-R): CPT Erica Lindroth, LT Taj King, HM2 Stephanie Solache, HM3 Joshua Nieto, LCDR Vish Mokashi, LCDR Ephraim Ragasa, LCDR Ian Sutherland, LT Michael Kavanaugh, LCDR Dean Wagner, LCDR Katie Barnes, LCDR Connie Johnson. Front row (L-R): Mr. Josh Weston, HM1 Dominic Ladmirault, and HM1 Casey Clark.



Jacksonville, FL - LCDR Ian Sutherland, Entomologist, reenlists HM1 Dominic Ladmirault on the St. John's River in NAS Jacksonville.



# MSCs In Focus



Seattle, WA - LT Kevin Lange, Industrial Hygiene Officer, poses for a picture in front of his poster titled, "Characterization Of 24-hour Noise Exposures Among U.S. Navy Nimitz Class Aircraft Carrier Personnel Not Enrolled In The Hearing Conservation Program," during the American Industrial Hygiene Conference and Exposition (June 4th - 7th, 2017). Two students from the USUHS Preventative Medicine and Biostatistics (PMB) - Master of Science in Public Health (MSPH) research posters won Best Student Poster in their respective categories during the conference. They were both recognized for their accomplishments at the Mark of Excellence gathering on June 7th Wednesday morning. The American Industrial Hygiene Conference and Expo (AIHce) is the premiere destination for thousands of Industrial Hygiene/ Occupational Health professionals, including industrial hygienists, Environmental Health and Science specialists, safety, and risk management professionals, all of whom are responsible for the safety, health, and environment of today's workspaces (AIHA Conference Brochure).

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Annapolis, MD - LT William Sterling, Environmental Health Officer at Naval Health Clinic Annapolis, accepts a token of appreciation from the Hospital Corps 119th Birthday Ball Committee. LT Sterling was invited and happily accepted the opportunity to be the event's guest speaker. He reflected on his time as a Corpsman and highlighted the progress the Hospital Corps has made in its second century of history. He emphasized how the room was full of the living history of the Hospital Corps, living and breathing writers of that history, and how they share these same moments with the new generation of Corpsman in attendance. His time ended with the challenge to the next generation of Hospital Corpsman to be ready to assist and continue to write the history of the Hospital Corps as they carry its banner into the future.



## MSCs Around the Globe



Stuttgart, Germany - Active and reserve MSCs working together at Marine Forces Europe and Africa Health Services. Pictured (L-R): LT Scott Sawlis, reserve Entomologist; LT Jake Edwards, reserve Environmental Health Officer / Force Health Protection Officer, and LT Kevin Reid, active Plans, Operations, Medical Intelligence Officer / Deputy Surgeon.



USS Wisconsin (BB-64) - LCDR John "Cookie" Cooke, Aerospace/Operational Physiologist (AOP), retires aboard the USS Wisconsin in downtown Norfolk on 14 June 2017 at 1030. The ceremony was well attended by his family and friends from the C-2 and AOP community. Pictured (L-R) - CDR Jeffrey Repass, LCDR Todd Anderson, CDR Carolyn Hurwitz, CDR Eric Bromley, LCDR John Cooke (ret), CDR Andy Hayes, LCDR Tim Welsh, CDR Mike Martin (ret), and CAPT(sel) Brian Bohrer.



## MSCs Around the Globe



Iwo To, Japan- Five staff members from U.S. Naval Hospital Okinawa spends two days on Iwo To, previously known as the island of Iwo Jima, to hone historical military education and professional development. Top picture (L-R): LCDR Janine Espinal, Logistician; LCDR Aaron Frank, Podiatrist; LCDR Richard Blair, Audiologist; LCDR Eric Bischoff, Oral Surgeon; and CDR Rodel Divina, Optometrist, hiked to the summit of Mount Suribachi where the iconic American flag raising during the Battle of Iwo Jima took place in 1945. During this team-building evolution, they also walked along the black sand beach (bottom left picture) where thousands of Marines and Sailors lost their lives, explored caves used by Japanese troops, and observed rusted tank remains and several beached freight ship wrecks. The Battle of Iwo Jima was the largest assault in U.S. Marine Corps history, with more than 6,800 U.S. Marine and Sailor deaths over a period of 36 days. The trip was facilitated through Command Naval Forces Japan and Command Fleet Activities Okinawa. Bottom right picture: LCDR Bischoff and LCDR Blair pose for a picture on top of a WWII tank.



## MSCs Around the Globe



Rota, Spain - Environmental Health Officers from NEPMU-7, Navy and Marine Corps Public Health Center, and Naval Hospital Rota gather for an evening outing in Rota, Spain after the Occupational and Environmental Health Site Assessment (OEHSA) course." From L to R, LT Christopher Olson, LCDR George Vancil, CDR Karen Corson, CAPT Shawn Ricklefs, CAPT Roderick Boyce.



Ventspils, Latvia - LT Christopher Olson, Environmental Health Officer, collects a personal breathing zone air sample with a Marine during the exercise Saber Strike 17 at the port in Ventspils.

## MSCs Around the Globe



Al Asad AB, Iraq - LT Laura Moody, Industrial Hygiene Officer, NEPMU-5, supports SEAL Team Seven, Special Operations Task Force-West (SOTF-W) at Al Asad AB, Iraq, where she evaluated chemical exposures in the proposed Joint Operations Center for SOTF-W. Her study yielded high levels of toxic chemicals and allowed operational leadership to determine alternate courses of action as coalition forces increase our presence in Al Asad.



Uganda, Africa- LT Joe DiClaro, entomologist, providing instruction in military entomology as part of the African Malaria Task Force. LT DiClaro was supporting AFRICOM's international collaborative, the Africa Malaria Task Force (AMTF). This long-term, AFRICOM funded malaria prevention strategy is designed to strengthen preventive medicine capability and capacity in partner nation militaries, dependents, and communities throughout sub-Saharan Africa.



# U.S. Navy Medical Service Corps

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The Medical Service Corps supports Navy Medicine's readiness and health benefits mission. It is the most diverse Officer Corps in Navy Medicine with 31 specialties organized under three major categories: Healthcare Administrators, Healthcare Clinicians, and Healthcare Scientists. There are over 3,000 active and reserve MSC officers that serve at Military Treatment Facilities, on ships, with the Fleet Marine Force, with Seabee and special warfare units, in research centers and laboratories, in a myriad of staff positions with the Navy and Marine Corps, and with our sister services around the world.

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## Many Specialties - One Corps!

